<u>L13000083137</u>

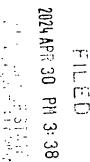
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE MAY 16 2024

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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Le Moire USA LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L13000083137	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENTAPA TO FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, F	orida Statutes, the undersigned.
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	, hereby resigns as
Registered Agent for Le Moire USA LLC	
Name of Limited	Liability Company
L13000083137	
Document Number, if known	•
A copy of this resignation was mailed to the above	e listed limited liability company at its last known address.
The agency is terminated and the office discontin	ued on the 31st day after the date on which this statement is filed.
Sig	nature of Resigning Agent
If signing on behalf of an entity:	
Cheyenne Moseley	
Typed	or Printed Name
Asst. Secretary for Unite	d States Corporation Agents, Inc.
C	apacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314